

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to:

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

DIANNE B. ELDERKIN
WOODCOCK WASHBURN LLP
46th Floor
One Liberty Place
Philadelphia, PA 19103

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/793,472	02/23/2004	ALAIN T. LUXEMBOURG	137R-0050	1343

TITLE OF INVENTION: PURIFICATION OF ANTIHERN-SPECIFIC T CELLS

APPL. TYPE	SMALL ENTITY NO	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
NONPROVISIONAL		\$1400	\$300	1700	06/18/2006
EXAMINER VANDERVEGT, FRANÇOIS P.		ART UNIT 1644	CLASS-SUBCLASS 230-403000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.343)
- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☒ "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Client Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and (the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Woodcock Washburn LLP

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type).

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ORTHO-MCNELL PHARMACEUTICAL, INC.

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

RARITAN, NEW JERSEY

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ Government

- 4a. The following fee(s) are enclosed:

☒ Issue Fee

☒ Publication Fee

☒ Advance Order - # of Copies 10

5. Change in Entity Status (from status indicated below)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

Authorized Signature

Philip A. Slager

Date

August 10, 2006

Typed or printed name

Philip A. Slager

Registration No.

60,176

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

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